| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2004  09/522332   |                     |                  |                     |                  |                                   |                    |  |    |                     | -                |
|---|---------------------|------------------|---------------------|------------------|-----------------------------------|--------------------|--|----|---------------------|------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                     |                  |                     |                  |                                   | SMALL<br>TYPE      | LLENTITY OTHER THA                               |    |                     | THAN             |
| FOR 11/30/04  | NUMBE               | BER FILED NUMBER |                     | EXTRA            |                                   | RATE               | FEE  |    | RATE                | FEE              |
| BASIC FEE   |                     |                  | <u> </u>            |                  | ٠                                 |                    | 395.00   | OR |                     | 790.00           |
| TOTAL CLAIMS  | 32                  | minus            | 32 .                | 0                |                                   | x\$11=             |  | OR | x\$22=              | 1 - 11           |
| INDEPENDENT CLAI  | ms 5                | minus            | 5.                  | Ð                |                                   | x41=               |  | OR | x82=                |                  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                     |                  |                     |                  |                                   | +135=              |  | OR | +270=               |                  |
| * If the difference in column 1 is less than zero, enter "O" in column 2  |                     |                  |                     |                  |                                   | TOTAL              |  | ı  | TOTAL               | <b>A</b>         |
|   |                     |                  |                     |                  |                                   | iowi               |  | OR |                     |                  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |                     |                  |                     |                  |                                   | SMALL              | ENTITY   | OR | OTHE                | RTHAN ENTITY     |
| 4:  | CLAIMS<br>REMAINING |                  | HIGHEST NUMBER      | PRESENT          |                                   |                    | ADDI- Î  |    |                     | ADDI             |
|   | AFTER AMENDMENT     |                  | PREVIOUSLY PAID FOR | EXTRA            |                                   | RATE               | TIONAL FEE                                       | 1  | RATE                | FEE              |
| Total   | 32                  | Minus            | " 32                | <b>= ⊕</b>       |                                   | x\$11=             | Á  | OR | x\$22=\             | ***              |
| 2   | 5                   | Minus            | <del></del>         | _ <del>2</del>   | lt                                | x41=               |  | OR | x82= <sub>//</sub>  |                  |
| FIRST PRES  | ENTATION OF         | MULTIPLE (       | DEPENDENT CL        | AIM              | ŀ                                 | +135=              | 7.   | OR | +270=               |                  |
| 10 (17 05 (Column 1) (Column 2) (Column 3)  |                     |                  |                     |                  |                                   | TOTAL<br>DDIT, FEE |  | OR | TOTAL<br>ADDIT. FEE | Ð                |
| 10 17 95  | (Column 1)          | -                | (Column 2)          | (Column 3)       | 1                                 |                    |  |    | (1.00 A 10.00       |                  |
| 8   | REMAINING AFTER     |                  | NUMBER              | PRESENT<br>EXTRA |                                   | RATE               | ADDI-  |    | REMAIN              | CADDI-<br>TIONAL |
|   | AMENDMENT           |                  | PAID FOR            | CYING            | ٩                                 |                    | PEE  |    | NCIN-Vis            | WHEE &           |
| NO TOWN   | 32                  | Minus            | 32                  | = <del>O</del>   |                                   | x\$11=             |  | OR | x\$22=}             | auri 💆           |
| <b>2</b> K  | * 5                 | Minus            | <b>"</b> 5'         | <b>=</b> 0       | · '<br>• <u>'.</u><br>• <u>'.</u> | x41=               | - P  | ğЯ | X82≡                | 200              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                     |                  |                     |                  |                                   | +135 <u>=</u>      |  | OR | \$200≥              |                  |
| 05/15/06  | (Column 1)          | <b>\$</b> .      | (Column 2)          | (Column 3)       | . A                               | TOTAL<br>DDIT. FEE | 4  | ÖR | ADDIT. FEE          | 484              |
|   | CLAIMS<br>REMAINING | <b>P.</b>        | HIGHEST             | PRESENT          |                                   |                    | ADDI:  |    | 1 %                 | ADDI-            |
| 5   | AFTER<br>AMENDMENT  |                  | PREVIOUSLY PAID FOR | EXTRA            |                                   | RATE               | TIONAL:  | Ŕ. | RATE                | TIONAL           |
| Total   | 32                  | Minus            | •• 32 ··            | = 0              |                                   | x\$11=             |  | OR | *\$22=              |                  |
| Total Independent   | • 5                 | Minus            | 5.                  | 0                |                                   | x41=               |  | OR | x82=                |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                     |                  |                     |                  | 1                                 | +135=              |  | OR | +270=               |                  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."                   |                     |                  |                     |                  |                                   | TOTAL              | <del>                                     </del> | OR | TOTAL               |                  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |                     |                  |                     |                  |                                   |                    |  |    | ADDIT. FEE          |                  |

**Application or Docket Number**